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STATEMENT OF

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(Revised 02/2009)

ORGANIZATION FORM 1 OFFICE S. BALL CENTER NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. X 667 ADDRESS (number and street) (Check if address is changed) 33066 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) JSRepublicanExecutiveBoards@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 11" '10" '2012 2. DATE C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. PETERSON TRUMP Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incompliane inflammation may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

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